

LME Request for the Realignment of SFY 13 Federal Funding

LME Name: _____

I. Request For Realignment within Same Fund Code (Federal Only)* _____

Move MH Funds From:			Move MH Funds To:		
Account #	FRC #	Amount	Account #	FRC #	Amount

Move DD Funds From:			Move DD Funds To:		
Account #	FRC #	Amount	Account #	FRC #	Amount

Move SA Funds From:			Move SA Funds To:		
Account #	FRC #	Amount	Account #	FRC #	Amount

LME Finance Officer Signature: _____

Date of Request: _____

Contact Phone Number: _____

* Attach brief narrative explanation/justification for each realignment requested.